
Chapter 21 Victimization of Individuals with Disabilities

Section 8

Purpose

Individuals with disabilities face almost overwhelming challenges and numerous barriers as they maneuver through agency services and the criminal justice system. Having a positive working relationship with this unique population is necessary when facilitating interaction between the victim and the victim service agencies. An understanding of the issues related to victimization for individuals with disabilities enables us to better serve these crime victims and to increase the possibility of successful prosecution of offenders. This section offers basic techniques and skills to effectively assist victims with disabilities; and, it will help the VSP gain a new understanding of the obstacles faced by people with disabilities.

Learning Objectives

By the end of this section, participants will be able to:

- Understand the need for specialized response
- Identify and understand the various types of disabilities
- Recognize the attitudes and myths surrounding people with disabilities
- Demonstrate correct responses to victims with disabilities
- Utilize new skills to assist disabled victims
- Utilize a Restraining Order

Listing of Sections and Lessons

Section # 25: Victimization of Individuals with Disabilities

- Understanding the Need
- General Types of Disabilities
- Attitudes and Myths
- Effective Response to Crime Victims with Disabilities
- Elder and Disabled Person Abuse Prevention Act Restraining Order: A Civil Remedy

Exercise: Victims With Disabilities Case Scenarios

Appendix A: Americans with Disabilities Act (ADA)

Appendix B: Resources for Information About ADA/Individuals with Disabilities

Appendix C: Transcending Silence: Focus on Sexual Assault and People with Developmental Disabilities

Appendix D: Transcending Silence: Focus on Sexual Assault and People with Physical or Sensory Disabilities

Appendix E: Transcending Silence: Focus on Sexual Assault and People with Psychiatric Disabilities

Appendix F: Resources for Information About ADA/Individuals with Disabilities

UNDERSTANDING THE NEED

Each victim of a crime faces challenges that, at times, seem overwhelming. Added to those obstacles are barriers that an individual with a disability must overcome to maneuver through any agency or the criminal justice system. Prejudice, physical impairments, and comprehending the process are just a few of the hurdles faced by individuals with disabilities. Because of these issues, victims and their families are less likely to access services, report a crime, or go to trial. Disability advocates report that crimes against people with disabilities are often not reported to police, and of those cases that *are* reported and investigated, very few are prosecuted.

To insure a more just response to victims with disabilities, it is essential that first responders, including law enforcement, medical personal and VSP, receive additional training to effectively and compassionately respond to the needs of these individuals. Because of the additional complexities of crimes against persons with disabilities, it is essential that a victim service agency have a VSP on staff with specific training in working with this population. Specialized training is generally available through the County Mental Health Department, Adult Protective Services and Social Services, as well as a number of Disability Rights groups. Because the percentage of people with a disability increases substantially with age, many of the issues facing the disabled population are also relevant to the elderly population. Therefore, training is often designed to address issues of both populations and is directed to a multi-disciplinary audience.

While VSP can provide excellent advocacy to victims of crime, sometimes other agencies need to be called upon to assist with the special needs of victims with disabilities. It is important to interface with other professionals working with the disabled population. Begin networking with allied professionals by contacting the Adult Protective Services (APS), Social Services and Mental Health Department in your county. Introduce yourself and your agency to them. Provide information regarding your agency and request information about theirs. Find out if there is a multi-disciplinary team that addresses issues of abuse of the vulnerable population in your community and become an active member of that committee. If there is no multi-disciplinary team, consider starting one. By working in concert with allied professionals, we can provide the most comprehensive and appropriate advocacy can be possible for individuals with disabilities who are also victims of crime.

Disabilities Rights Advocates and Crime Victim Advocates have recently joined with the common goal of expanding awareness of the increased victimization of individuals with disabilities. This partnership is working together to improve the justice systems' response to victims with disabilities. As a result of shared concerns, VSP and disability service providers can dramatically improve the treatment of crime victims with disabilities.

The following material is taken from *Working with Victims of Crime with Disabilities*¹.

Many people with disabling conditions are especially vulnerable to victimization because of their real or perceived inability to fight or flee, or to notify other and testify about the victimization. Frequently, because the person may be more physically frail, the victimization may exacerbate existing health or mental health problems. Many offenders are motivated by a desire to obtain control over the victim and measure their potential prey for vulnerabilities. Some predators seek work as caregivers to people with disabilities. Offenders might see adults with disabilities as perfect targets, who cannot physically defend themselves, identify the attacker, or call for help. People with disabilities may have intensified reactions to being victimized because they may already feel stigmatized due to societal attitudes. They may need services designed to enhance a feeling of safety and security regarding future victimization.

Distinct Issues:

- Greater risk of revictimization
- Fear of retaliation by a care provider
- Lack of resources or physical stamina to cope with the delays/hurdles in the criminal justice system
- Child custody issues
- Vocabulary not acceptable to some people with disabilities such as “victim,” “special services,” “disability,” the limited definitions of “violence”

VSP can provide the tools that allow crime victims to reconstruct their lives and regain control that was taken from them by the criminal. This healing process enables victims to perceive themselves as survivors and in most instances, to seek and achieve full engagement with society once again.

Statistical Overview

It is estimated that the number of non-institutionalized Americans in the United States who have a disability is 54 million. (McNeil, 1993). This makes the population of people with disabilities the largest single minority group in America, surpassing the elderly and African American populations (Bureau of the Census 1995). A report in 1997 indicates that of the 54 million disabled Americans, 26 million of those reported a severe disability.

In addition:

¹ *Working with Victims of Crime with Disabilities*¹, US Department of Justice Bulletin, September 1998, Office for Victims of Crime

- Between 4 - 5% of Americans have a developmental disability, including mental retardation, autism, cerebral palsy and severe learning disabilities (LaPlante and Carlson 1996)
- Women with disabilities, regardless of age, race, ethnicity, sexual orientation or class, are assaulted, raped and abused at a rate of two times greater than women with a disability (Sobsey 1994; Cusitar 1994)
- Estimates indicate that at least 6 million serious injuries occur each year due to crime, resulting in either temporary or permanent disability
- The National Rehabilitation Information Center has estimated that as much as 50% of patients who are long-term residents of hospitals and rehabilitation centers are there due to crime related injuries (Tyiska 1998)
- Research has shown that children with any kind of disability are approximately twice as likely to be physically or sexually abused as children without a disability (Crosse, Kaye, and Ratnofsky 1993)
- Child protective services caseworkers reported that the disabilities directly led to or contributed to child maltreatment in 47% of maltreated children with disabilities (Ibid. Barnett, Miller-Perrin and Perrin 1997)

GENERAL TYPES OF DISABILITIES

There is a wide range of conditions that are considered forms of disability.

These include:

- Emotional
- Mental
- Physical

Some disabilities can involve more than a single form. For example, a person with cerebral palsy can be mentally *and* physically impacted by the disease. The age of onset, cause, and manifestation of a disability can be significant factors in the impact of the specific condition on the individual.

Developmental Disabilities

According to the DSM-IV a person is considered to have a developmental disability if:

- A chronic and severe mental or physical impairment (or a combination of mental and physical impairments) develops between the ages of 5 years and 22 years of age
- Activities include self-care, mobility, independent living capacity, language, learning, economic self-sufficiency and self-direction. (An easy way to remember these seven activities is SMILLES)
- The impairment limits the function of three or more of the seven major life activities (DSM-IV)

Examples of developmental disabilities include autism, mental retardation, cerebral palsy, epilepsy and neurobiological or behavior disorders such as Tourette's disorder.

Hearing Loss

Deafness is a term that refers to the inability of a person to hear even with the use of an amplifying device such as a hearing aid. A person who is deaf functions in a world of silence. The term "hard of hearing" refers to an individual whose hearing loss is significant enough that he or she must use an amplifying device in order to hear. Nearly 9 percent of the U.S. population is deaf or hard of hearing. In the group of Americans age 65 and older, that rate increases to between 25 percent and 33 percent.

Blindness

The ability to see covers a continuum from sighted, to partially sighted, to blind. Although it is rare for a person to be completely blind (that is, with no vision) "legal

blindness” and visual impairments affect an estimated 15 million people in the United States. “Legally blind” defines the condition in which a person is unable to see *at 20 feet* what someone with normal vision can see *at 200 feet*. Partially sighted people, although often able to get around without much difficulty, need adaptive methods to read and write because of their vision impairment.

Like many conditions, the effects of visual impairments become more common with age. It is estimated that approximately 70 percent of the Americans with severe visual impairments including blindness are age 65 or older.

Disabilities that Affect Mobility

Disabilities that impair mobility can be either congenital or the result of an injury or disease.

Some mobility disabilities include:

- Pulmonary or heart disease
- Multiple sclerosis
- Muscular dystrophy
- Spinal cord injuries
- Amputation
- Arthritis

While some disabilities are easily recognized, other impairments are not readily visible. These conditions include:

- Respiratory disorders
- Epilepsy
- Pulmonary disease, which limits the ability to move freely

People with mobility disabilities must often rely on assistive devices like canes, crutches, and wheelchairs or artificial limbs that assist with mobility.

Mental Health Disabilities

More than 12 million Americans have a mental illness severe enough to limit their capacity to meet ordinary demands of life. The term “mental illness” encompasses a number of distinct brain disorders. Mental health disabilities require specific diagnosis that is made only by qualified professionals.

Examples of mental illness include:

- Manic depressive illness
- Schizophrenia

- Acute anxiety
- Bipolar disorder
- Psychosis
- Major depression
- Severe anxiety

These disorders can:

- Disrupt an individual's ability to process thoughts
- Impair memory
- Affect moods
- Affect sensory perception

It is also important to note that mental illness often affects a person's ability to reason and to relate to others.

Symptoms of mental illness vary depending on type and severity of the disorder and should not be confused with mental retardation. People with mental illness usually operate at an intelligence level consistent with others of the same age, but may have difficulty functioning due to their mental illness.

Not all symptoms of mental illness are readily detectable but indicators may become noticeable during the course of a conversation.

Examples of behaviors that might be observed when working with a mentally ill individual include:

- Confusion
- Hallucination including hearing voices and seeing or smelling imaginary things
- Unfounded anxiety or fright
- Loss of memory
- Inappropriate emotional response
- Delusions and paranoia
- Unintelligible conversation
- Catatonia, characterized by a marked lack of movement or expression.

Disabilities Caused by Violent Crime

Millions of people suffer injuries as a result of criminal victimization each year, and many of these injuries cause long-term disabilities. It is **estimated that 50 percent of people in long-term care facilities were injured as a result of a violent crime.**

VSP might encounter:

- Victims of domestic violence who sustain permanent injuries as a result of a single battering incident or repeated battering over a period of several years
- An assault victim suffering from gunshot wounds that caused spinal cord damage or blindness
- Victims of drunk or drugged drivers suffering from the loss of a limb or a spinal cord injury that results in a traumatic brain injury
- Infants who are victims of “shaken baby syndrome” who have sustained severe brain injury, as well as resultant developmental disabilities
- Children who are victims of severe physical abuse; as a result, their emotional and physical development is affected

For many of these victims, the traumatic impact of the victimization is compounded by the life-changing impact of the disabling condition. The combination of these circumstances----imposed abruptly and unexpectedly----can have a *profound* emotional impact. Depending upon the disability, the impact may be seen in many areas. For example, the mobility (the ability to live and travel independently) may be affected. Further, the crime may result in a loss of employment and subsequent change in economic status. It follows, then, that the impact of the crime is felt by family members: they may experience changes in relationships and “the loss” of the way their lives *had* been. While coping with medical or mental health treatments, rehabilitation, and other unexpected life changes, individuals who acquire a disability as the result of a crime may also have to cope with involvement with the criminal or juvenile justice system as a victim and/or witness.²

A primary difference for a person with a disability who becomes a crime victim is that the criminal victimization frequently compounds existing problems caused by a lack of accessibility to basic social services, poverty, institutionalization, and other barriers to equal rights.³

ATTITUDES AND MYTHS

There are some 59 million Americans with disabilities; many of who have been victims of crime and most are at a greater risk of being victims of crime. Societal attitudes toward individuals with disabilities often reflect negative stereotypes and a lack of knowledge. Additional barriers are usually subtle but discernible.

² National Victim Assistance Academy Chapter 15

³ *Working with Victims of Crime with Disabilities*, US Department of Justice Bulletin, September 1998, Office for Victims of Crime

Examples include reactions of disgust, pity or discomfort, expressed verbally and non-verbally, overtly and covertly.

Tyiska (1998) discusses three myths about individuals with disabilities that were identified at a national symposium (sponsored by the Office for Victims of Crime) held to discuss issues related to assistance for victims with disabilities. Each of these myths is based on negative stereotypes and interferes with many people's ability to relate and interact with individuals with disabilities.

First: The perception that people with disabilities are suffering, and should be extended charity and kindness, instead of having rights and responsibilities.

Second: People with disabilities are not capable of making decisions for themselves and need others to manage their lives.

Third: Many people fear contact with people who have disabilities, as if the condition were contagious. This stems from a fear of whatever is unfamiliar and different, and a lack of information, knowledge, and experience. Anyone who is perceived as "different from the norm" is suspect and marginalized.

In 1990, Dick Sobsey outlined five cultural myths surrounding people with disabilities that serve to undermine their individuality and value as people, and even contribute to their vulnerability to abuse.

The Dehumanization Myth

Labels such as "a vegetative state" suggest that a person with a disability is something less than a full member of society and the description serves to dehumanize the individual. Thus, perpetrators may rationalize their abusive behavior as "not really injuring another person."

The Damaged Merchandise Myth

Similar to dehumanization, this myth asserts that the life of the individual with a disability is worthless and thus he or she has nothing to lose. There are some individuals who believe that euthanasia of children with severe disabilities is in the best interest of the child. For example, a well-publicized case in Canada, argued in the courts through 1997, involved a father's so-called "compassionate homicide" of his thirteen-year-old daughter with cerebral palsy.

The Feeling No Pain Myth

With this myth, people with disabilities are thought of as having no feelings or as being immune to pain and suffering. There is no basis for this myth and, in fact, individuals with disabilities experience the same range of emotions found in any person.

The Disabled Menace Myth

Perceived as different, individuals with disabilities are often considered unpredictable and dangerous, whether or not there is any foundation for the fear.

Adherence to this myth may motivate people to prevent community facilities (such as group homes for adults with mental retardation) from being developed in their neighborhoods.

The Helplessness Myth

Beliefs or perceptions that individuals with disabilities are helpless and unable to take care of themselves undermines their self-esteem and ability to take on decisions related to daily life. This in turn, makes the individual more vulnerable to abuse and manipulation.⁴

These attitudes destabilize the individual's self-advocacy and increases vulnerability. Changing societal attitudes towards persons with disabilities is important to long-term empowerment and the prevention of abuse.

⁴ National Victim Assistance Academy, Chapter 15

EFFECTIVE RESPONSE TO CRIME VICTIMS WITH DISABILITIES

Sensitivity to the needs of crime victims with disabilities, and to their physical and emotional recovery process, is required when providing assistance. In addition to imparting services, assisting with any information about the criminal or juvenile justice proceedings, or accessing services for the victim, VSP may need to *coordinate* a broad range of community resources and referrals and long-term support. Coordination with other service providers (medical, rehabilitative, income assistance, housing and others) may be a large part of the advocacy provided. Financial remedies such as Crime Victims' Compensation, restitution, and civil actions against the perpetrator (and other persons responsible) are very important in such cases.

When responding to a crime victim with a disability on a one-to-one level, it is essential to evaluate the degree and type of space needed for the most effective response to that person. Accommodation needs will vary, depending on the victim and the impact of the crime. Some adjustments are obvious, such as needing additional space for a wheelchair, but other needs are not so easily recognized. It is important to take the time necessary to determine the appropriate modifications to work most effectively with the victim.

Responding to Crime Victims with Developmental Disabilities

- Show the same respect to crime victims with developmental disabilities that you show to all victims. Treat adult victims as adults, and not as children
- When meeting with individuals with disabilities, first create a safe atmosphere and limit distractions; then establish a trusting rapport
- Speak directly and slowly to victims, keeping sentences short and words simple. Match your speech to that of the victim, using the same basic vocabulary and sentence structure
- Introduce yourself and spend some time chatting informally. Ask easy questions about the victim's life such as where they live, work, or go to school, and if they have someone who helps them. This will help you to know if the victim lives independently, at home or in a group home, and if the victim has a social service case manager. In general, get an idea for the level of the victim's independent life skills
- Separate complex information into smaller parts. When giving information, do not overload victims with too much information at any one time
- Take frequent breaks
- Recognize that victims may be eager to please or that they can be easily influenced by you. Be careful not to ask leading questions or to make statements that might influence their memory of the crime. To do so would bring the victim's credibility into question

Crime Victims Who Are Deaf or Hard of Hearing

- If a victim does not see you enter a room signal your presence by gently touching the victim on the hand or shoulder
- In situations where victims are unable to hear you, and they do not speak or lip-read, determine how that person wants to communicate through the use of writing. In most cases the victim has the legal right to an interpreter
- Remember in all your interactions that deaf and hard of hearing people are visually oriented. Be sure to look directly at the person when you are talking to him or her
- Avoid shouting or speaking very slowly to make yourself heard and understood. This distorts your speech, lip movements and facial expressions, which can make you seem upset
- Bear in mind that not all people who are deaf or hard of hearing can speech or lip-read; only about 20 percent of words are readable from the lips, the rest is guessing
- Use gestures and pantomime to better communicate. For example, you can motion toward a chair to offer victims a seat or mimic drinking from a glass to ask victims if they are thirsty
- Do not assume that victims are unable to speak or use their voice. Never use the words “deaf mute” or “deaf and dumb.” Deaf people have the ability to use their voice but may prefer not to speak because of the quality of their speech
- Closely observe the victims facial expressions and other physical gestures; deaf and hard of hearing people communicate much information through body language
- Include victims in all conversation and describe any commotion. If you look away from victims to overhear another conversation, or if you are distracted because of a noise or disturbance, or if you turn from victims to converse with someone else, explain to victims exactly what you are doing or what is happening

When working with victims who are hard of hearing, or victims who are deaf and desire to communicate by speech or lip-reading, select a location free of distractions. Try to avoid any background noise as this interferes with the hard of hearing person's ability to hear you.

- Face victims so your eyes and mouth are clearly visible. Be careful not to block your mouth with your hands, speak while looking away from victims, or speak while looking down at your notes
- Stand or sit at a distance between three and six feet from victims. Meet in a well-lit, glare and shadow-free area
- Avoid unnecessary gesturing and body movement because it is difficult for victims to speech- or lip-read if you are not physically still
- Begin speaking after you have the victim's attention and have established eye contact

- Make your questions and instructions short and simple
- Speak clearly, distinctly, and slightly slower than usual, but not unnaturally slow. Do not exaggerate your pronunciation of words
- If necessary, talk slightly louder than usual but never shout. Extremely loud tones are not transmitted as well as normal tones by hearing aids; shouting distorts lip movement
- Be prepared to repeat yourself. The victim may have only missed a word or two initially and repetition will clarify what was missed

Crime Victims Who Are Blind or Visually Impaired

- Introduce yourself immediately and have others who are present introduce themselves, including children. These introductions let the victim know who is present and where he or she is situated. It also helps the victim recognize voices during subsequent interviews
- Tell the victim your name and any other vital or necessary information when responding to victims who are alone, and support them in verifying your identity
- Do not speak loudly. Most people who are blind or visually impaired have better than normal hearing ability
- Identify the person(s) to whom you are speaking when conversing in a group because it may not be apparent to victims as to who is being addressed
- Let victims know when you or someone with you steps away during a conversation
- Inform victims as to why you are silent. Express attentiveness, concern and compassion through your voice and choice of words because victims cannot see your facial expressions or body language to know if you are listening to them and interested
- Explain what printed materials you are providing and make those materials available in alternative format, including large print, audiotape, computer diskette, and Braille, on request. (This is legally required, with few exceptions, by ADA and section 504)
- Never pet guide dogs without permission. There is a special relationship between people who are blind and their dogs; the dogs are working animals that must not be distracted
- If they want you to guide them in moving around, offer your arm, instead of holding the victim's arm. Let victims take your arm from behind, just above the elbow. In this position, they can follow the motion of your body. Walk in a relaxed manner and expect victims to keep a half step behind you so they can follow the motion of your body, anticipate curbs and steps
- Orient victims to their surroundings and give cues as to what lies ahead when guiding them. Close partially opened doors to cabinets, rooms, and cars that obstruct their path. Warn victims of hazardous objects around them. And be sure to make your warnings and directions specific, such as

“straight in front of you, “two steps going up,” and directly to your left” rather than vague references like “at the front of the room” or “beside you”

Individuals with Mobility Impairments

Because the restrictions of individuals with mobility impairment can vary drastically, it is often best to be direct by asking the victim what you can do to accommodate needs. For example, a person who uses a wheelchair may need additional physical space; an individual who uses crutches or has a pulmonary disorder may need to limit the distance he or she must walk. Sometimes a victim may need frequent access to water or may not be able to sit for long periods of time. Frequently a victim's disability is not readily visible so it is necessary to inquire about any special needs the victim may have.

Effective techniques in working with an individual with mobility impairment are:

- Try to be at the victim's eye level when speaking. If a victim is in a wheelchair try to sit when talking
- Introduce yourself and explain your role
- Whenever possible spend the first few minutes getting acquainted with the victim
- Inquire about any special needs the victim may have to make the environment more comfortable for him/her

Some of the special needs may include:

- The need for wheelchair access
- The need for oxygen
- The need for frequent breaks
- The need to be in a close proximity of restrooms
- The need to take medications at specific times
- The need to have special transportation to and from meetings and appointments
- The need to have an assist dog

If the victim is going to court, inform various staff (law enforcement, deputy district attorney, court personnel) of any special needs that will be needed.

Responding to Victims with Mental Health Disabilities

Remember symptoms of a mental health disability may not always be readily detectable, but may become noticeable during the course of the conversation.

Some considerations when working with a victim of who is mentally impaired:

- Whenever possible, find a location that is quiet and free from such distractions as telephones ringing, other people, or outside noises
- Introduce yourself and explain what you do in a simple but thorough manner
- Remain judgment-free
- Let the person know you understand that he or she is nervous and that nervousness is not uncommon
- Do not touch the person
- Be patient
- If you feel the victim might become agitated or violent, do not remain alone with the person
- Call on a network of mental health professionals to help you advocate for this victim
- It is a responsibility of the VSP to help the victim feel safe; however, if at anytime you believe the victim is becoming a threat to self or others, it is important to seek the assistance of the appropriate professional. This could be the mental health worker, the police or the deputy district attorney, depending on your concerns

ELDER AND DISABLED PERSON ABUSE PREVENTION ACT RESTRAINING ORDER: A CIVIL REMEDY

The offender that most often abuses a disabled person is not the random stranger or stalker, but the person or persons with whom the victim lives. Often it is a caregiver.

The most common types of abuse are:

- Physical: Non-accidental use of physical force that results in injury
- Sexual: Nonconsensual sexual contact for the purpose of receiving sexual pleasure
- Psychological: Deliberate infliction emotional or mental anguish, including threats, humiliation, and coercion
- Financial: Improper or illegal use of a disabled person's finances, including the unauthorized use or misuse of credit and debit cards, bank accounts, property and other resources
- Neglect: The willful failure of a "caregiver" to fulfill his or her care giving responsibilities that leads to physical harm through withholding of services necessary to maintain health and well being
- Abandonment: Desertion, willful forsaking, or the withdrawal or neglect of duties and obligations owed by the caregiver

As a VSP you can inform a disabled victim of a civil remedy that is available to victims to respond to inappropriate behavior of a caregiver. The remedy is the *Elder and Disabled Restraining Order*. This Restraining Order (RO) is available to anyone who is 65 years or older, or to someone who is disabled due to a mental or physical disability. Obtaining a RO will result in the caregiver being removed from the residence and, will prohibit that caregiver from coming within a specified distance from the victim.

The Restraining Order application takes about one hour to complete. The victim will then appear before the court. If the Restraining Order is granted, the respondent has 30 days in which to object to the order. In the event the respondent files an objection, both the petitioner and the respondent will appear before the court for a hearing. If the court rules on the side of the Respondent, the Restraining Order is dismissed. If the court rules on the side of the Petitioner, the Restraining Order is in place for one year. If the Petitioner wishes to continue the Restraining Order after the year's end, the victim must file a Renewal before the Restraining Order expires. During the time the Restraining Order is in place, any violation of the Restraining Order is a criminal offense with penalties that include time in jail.

If the Respondent is the primary caregiver of the Petitioner, it will be important to assist the victim in accessing disabilities services to assist in a new care management plan. Too often victims will stay with abusive caregivers for fear they

will lose their independence and be forced to move out of their home. Helping the victim identify possible options and locate services is an important part of the Restraining Order process. The process of obtaining a Restraining Order can be time consuming, however, it is necessary and essential when the victim needs to find a positive alternative to returning to the abuser. Without this additional help, the temptation to return to the abuser can be great. As in domestic violence, the victim can become convinced that the abuse was not as bad as initially thought and, without a positive alternate living arrangement, may have the Restraining Order dismissed and allow the abuser to return. Continued support is very important in these cases.

WORKING WITH VICTIMS OF CRIME WITH DISABILITIES

The following material is taken from the September 1998, US DOJ, Office for Victims of Crime Bulletin:

Many crime victims with disabilities have never participated in the criminal justice process, even those who have been repeatedly and brutally victimized. We must ensure that crime victims with disabilities have full access to the criminal justice system and receive their entitled services. These crimes are often not reported to police. Of those that lead to an investigation and an arrest, very few are prosecuted. Of those, very few come into contact with a crime victim advocate. Often when victim services are provided, they may be inappropriate due to inadequate training of victim service providers.

Obstacles:

- Isolation
- Limited access (physical and attitudinal)
- Under reporting
- Lack of responsiveness (from law enforcement or prosecutors based on a perceived lack of credibility on the part of the victim)
- Repeated victimization
- Lack of effective, appropriate services
- Physical or social isolation
- A judicial process not centered on the rights/needs of the victim
- Limited advocacy
- Misconception

Recommendations:

- Improve accessibility
- Provided networking/cross-training
- Develop streamlined multi-disciplinary interviewing and intake procedures
- Develop protocols on disclosures, confidentiality and safety
- Acquire assertive technology (VOCA funds might be utilized). Publicize your ability to provide this technology
- Keep statistics
- Invoke hate crimes statutes, if indicated. Apply equal sentencing or sentencing enhancement when allowed

When a crime occurs against a person who is in a care facility, the investigation of the crime should not be handled administratively or info informally by the institutions own staff.

Background:

- Victim advocates can provide the tools that allow crime victims to reconstruct their lives and regain control that was taken from them by the criminal. This healing process enables victims to perceive themselves as survivors and in most instances, to seek and achieve full engagement with society once again.
- A primary difference for a person with a disability who becomes a crime victim is that the criminal victimization frequently compounds existing problems caused by a lack of accessibility to basic social services, poverty, institutionalization and other barriers to equal rights.
- Many people with disabling conditions are especially vulnerable to victimization because of their real or perceived inability to fight or flee, or to notify others and testify about the victimization. Frequently, because the person may be more physically frail, the victimization may exacerbate existing health or mental health problems.
- Many offenders are motivated by a desire to obtain control over the victim and measure their potential prey for vulnerabilities. Some predators seek work as caregivers to people with disabilities.
- Offenders might see adults with disabilities as perfect targets who cannot physically defend themselves, identify the attacker, or call for help.
- People with disabilities may have intensified reactions to being victimized because they may already feel stigmatized due to societal attitudes. They may need services designed to enhance a feeling of safety and security regarding future victimization.

Distinct Issues:

- Greater risk of revictimization.
- Fear of retaliation by a care provider.
- Lack of resources or physical stamina to cope with the delays/hurdles in the criminal justice system.
- Child custody issues.
- Vocabulary not acceptable to some people with disabilities such as “victim”, “special services”, “disability”, and the limited definitions of “violence”.

Resources

The following resources were used and/or adapted to compile the information in this section:

2002 National Victim Assistance Academy Training Manual, Office for Victims of Crime, Washington, D.C.

First Response to Victims of Crime Who Have a Disability – October 2002